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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 09/608,512			Filing Date 06/30/2000		To be Mailed
	AF	AS FILE (Column 1	LL I	ENTITY 🔲	OR		HER THAN ALL ENTITY						
FOR NUMBER FILED				.ED	NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b), c	or (c))	N/A		N/A			N/A				N/A	
	SEARCH FEE (37 CFR 1.16(k), (i), (or (m))	N/A		N/A			N/A		_		N/A	
	(37 CFR 1.16(o), (p),		N/A		N/A			N/A				N/A	
	TAL CLAIMS CFR 1.16(i))		minus 20 =		•			X \$	=		OR	x \$ = '	
	EPENDENT CLAIM CFR 1.16(h))	S	minus 3 =		٠			x \$	=			x \$ =	
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).													
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))								TOTA	_			TOTAL	
* If the difference in column 1 is less than zero, enter "0" in column 2.									۱ ا		ı	IOIAL	
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST								SA	ΛAL	L ENTITY	OR		ER THAN ALL ENTITY
AMENDMENT	11/08/2006	REMAINING AFTER AMENDMENT		NUMBEI PREVIO PAID FO	R USLY	PRESENT EXTRA		RATE ((\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	· 26	Minus	~ 26		= 0		X \$	=		OR	X \$50=	0
	independent (37 CFR 1.16(h))	* 5	Minus	*** 5		= 0		X \$	=		OR	X \$200=	0
	Application Size Fee (37 CFR 1.16(s))												
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))										OR		
	RCE -21-54 (Column 1) (C					,		TOTAL ADD'L FEE			OR	TOTAL ADD'L FEE	0
12	-22-04	(Column 1)		(Colun	nn 2)	(Column 3)							
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE ((\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR	.26	Minus	-2	ſ	-		X \$	=		OR	X \$ =	
	Independent (37 CFR 1.16(h))	. 5	Minus	*** S	_	· 0-		X \$	=		OR	x \$ '=	
	Application Size Fee (37 CFR 1.16(s))												
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))										OR		<i>J</i> .
								TOTAL ADD'L FEE			OR	TOTAL ADD'L FEE	
** If	" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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